

King County Metro Fare Violation Resolution Form

PLEASE PRINT CLEARLY



NAME (FIRST)	(M.I.)	(LAST)		
ADDRESS		CITY	STATE	ZIP CODE
VIOLATION NUMBER: (KCM#) KCM _____		DATE OF VIOLATION:		
SIGNATURE				DATE

OPTION A: WITHIN 30 DAYS OF RECEIVING VIOLATION, PAY A REDUCED FINE OF \$25. AFTER 30 DAYS, PAY FULL FINE OF \$50.

Enclose Payment (check or money order) payable to "King County Metro—Fare Violation Program"

Pay In Person (check, money order or cash) 500 4th Ave, Room 600, Seattle, WA 98104; (M-F, 8:30 a.m. to 4:30 p.m. closed holidays)

Note: Online payment (by credit card) is coming soon

OPTION B: AMOUNT ADDED TO YOUR EXISTING CARD:

*(See OPTION C on the back for information
about new enrollment)*

MINIMUM \$25 ON ORCA CARD

MINIMUM \$10 ON ORCA LIFT, ORCA YOUTH OR RRF CARD

YOUR ORCA, ORCA LIFT, YOUTH OR RRF CARD #	DATE AMOUNT WAS ADDED:
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Interpreter - 206-263-3273
Intérpretes Turjubaan Переводчик
Перекладач 통역사 བསྟན་འཛིན་པ་
翻譯員 Thông Dịch Viên ཇིང་རྟལ་པ་

Fare violation questions: 206-263-FARE (3273)
or fareviolation@kingcounty.gov
M–F, 9 a.m. – 4 p.m., closed holidays, voicemail option

(More options and information on other side →)

OPTION C: ENROLLED IN ORCA LIFT PROGRAM. CARD #:
 ENROLLED IN ORCA YOUTH PROGRAM. CARD #:
 ENROLLED IN REGIONAL REDUCED FARE PERMIT (RRFP) PROGRAM. PERMIT #:

DATE OF ENROLLMENT:

OPTION D: NAME OF NON-PROFIT ORGANIZATION:

DATE(S) COMMUNITY SERVICE WAS PERFORMED:

NON-PROFIT PHONE #:

NON-PROFIT EMAIL ADDRESS:

NON-PROFIT REPRESENTATIVE: (First and last name)

SIGNATURE OF NON-PROFIT REPRESENTATIVE:

DATE:

I certify that the person named on the front of this form volunteered at least two (2) hours with our organization. (Must be signed prior to mailing).

*For questions about community service opportunities call **206-263-FARE (3273)** or visit **kingcounty.gov/metro/fareviolation***

OPTION E: BEST PHONE NUMBER AND EMAIL FOR METRO TO CONTACT YOU TO DISCUSS YOUR APPEAL (during normal business hours):

YOUR PHONE #:

YOUR EMAIL ADDRESS:

BRIEF EXPLANATION OF REASON FOR APPEAL (ENCLOSE ADDITIONAL SHEET IF NECESSARY). **PLEASE PRINT CLEARLY.**

To complete your resolution online or access more information about these options: **kingcounty.gov/metro/fareviolation**